

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER No on 22, Coalition of Economic and Social Justice Nonprofits Dedicated to Workers' Rights			Date of This Filing 10/03/2020	Date Stamp Page 1 of 2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)285-5733	I.D. NUMBER (if applicable) 1428618		Report No. 346449-ER		
STREET ADDRESS			<input checked="" type="checkbox"/> Amendment to Report No. 001 (explain below)		
CITY San Jose	STATE CA	ZIP CODE 95125	No. of Pages 2		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

Update Amount of Contribution Made

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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
09/22/2020	No on Prop 22, Sponsored by Labor Organizations Oakland, CA 94612 ID# 1424537	Changes Employment Classification Rules for App-Based Transportation & Delivery Drivers. Initiative Statute(22) Statewide	\$10,214.77	11/03/2020

Reason for Amendment:

Update Amount of Contribution Made